

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576010

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
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16	1					
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18	1					
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28			1			
29				1		
30				1		
31				1		
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35				1		
36				1		
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38				1		
39				1		
40				1		
41			1			
42				1		
43			1			
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			24			